

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

41542

Do not use this space.

1. PLACE OF DEATH

(a) County Cass Registration District No. 147
 (b) Township Austin Primary Registration District No. 5310
 (c) City _____ (d) Street No. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. Cass County St. ☐
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Odell Rhea

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 5 1865

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
76 0 26

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Blacksmith
 9. Industry or business in which work was done, as saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation 40 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Waverly, Mo.

13. NAME Solomon Dunning

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

15. MAIDEN NAME Narciss Nichols

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

17. INFORMANT (ADDRESS) Odell Dunning
Archie R. D.

18. BURIAL, CREMATION, OR REMOVAL PLACE Orient Cem. DATE Nov 2 1941

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Atkinson Bros
Harrisonville, Mo.

20. FILED 12-30 1941 Mrs Lora Adair
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 31 1941

22. I HEREBY CERTIFY, That I attended deceased from July Aug 24 1941 to Oct 30 1941
 I last saw him alive on Oct 30 1941. Death is said to have occurred on the date stated above, 3:30 AM.

The principal cause of death and related causes of importance were as follows:
Bronchial Pneumonia (hypostatic)

(Generalized Arterio Sclerosis)
and Hypertension
 Other contributory causes of importance:
97

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____
 (Signed) Beekensley, M. D.
 (Address) Harrisonville, Mo.

JAN 22

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed

Floyd Atkinson

Licensed Embalmer No.

3920

P. O. Address

Harrisonville

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.

JAN 22 1961